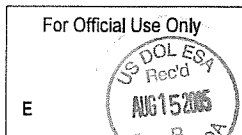


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6657</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Christena</u> <u>Melton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>4471 Anne Sladon Street</u> City <u>Oceanside</u> State <u>California</u> ZIP Code + 4 <u>92057</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 542</u> Labor Organization File Number <u>038-722</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>4666 Mission Gorge Place</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92120</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Christena Melton</u>	On <u>08/10/2005</u> Date	<u>619-582-0542</u> Telephone Number

Name of Person Filing Christena Melton	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name James Matthew Brown  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any Suite 200  
Street 2044 First Avenue  
City San Diego  
State California ZIP Code + 4 92101-2079

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Group Legal Consultants  
Trade Name, if any: JC 42 Legal Benefit Plan  
P.O. Box, Bldg., Room No., if any P.O. 3417  
Street  
City Burbank  
State California ZIP Code + 4 91508-3417

11.a. Nature of such dealing.

Soliciting Legal Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball Game 4/1/04

12.b. Amount.

\$65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Christena Melton

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Delta Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12898 Towne Center Drive

City Cerritos

State California ZIP Code + 4 90703

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiego Co. Teamsters Employers Ins. Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball Game and lunch 9/8/04

12.b. Amount.

\$125

Name of Person Filing Christena Melton

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Management Center, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1000

Street 7755 Center Avenue

City Huntington Beach

State California ZIP Code + 4 92647

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters&Food Employers Security Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 S. Fremont Avenue, A-9 West

City Alhambra

State California ZIP Code + 4 91803-4737

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Lunch 10/12/04

12.b. Amount.

\$75

Name of Person Filing Christena Melton	File Number U-
--	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name Rx Prescription Solutions</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3515 Harbor Blvd.</p> <p>City Costa Mesq</p> <p>State California ZIP Code + 4 92626</p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name SanDiego Co.Teamsters Employers Ins, Trust</p> <p>Trade Name, if any: STEFA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Soliciting Business</p> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p>Golf and lunch 7/29/04</p> <p><b>12.b. Amount.</b> \$190</p>